



In Idaho, early intervention services are provided at no cost to families. The Infant Toddler Program relies on three major funding sources: private insurance, Medicaid, and Infant Toddler Program funds. One or more of these will be used to pay for your child's services.

Whenever possible the Infant Toddler Program requests reimbursement through private insurance and/or Medicaid. We need your permission to seek reimbursement from your insurance company.

Some families decide not to provide this permission because of a "lifetime benefit cap" in their policy. Others are concerned about co-payments or their deductible. On request, the Infant Toddler Program can help pay for co-payments and deductibles directly related to your child's early intervention services.

Please complete this page annually in the way that best fits your family's situation. Remember, regardless of access to insurance and/or Medicaid billing, your child will continue to receive the services on his or her IFSP at no cost to your family.

### Is your child covered by private insurance?

Yes \_\_\_\_\_ No \_\_\_\_\_

### Is your child covered by Medicaid?

Yes \_\_\_\_\_ No \_\_\_\_\_

If you answered no to both questions, please sign/date below and you are finished with this form.

If you answered yes to either question, please sign/date below and see the directions in the box.

By signing below, I verify that I have reviewed this form and understand my financial options as outlined

\_\_\_\_\_  
(Name)

\_\_\_\_\_  
(Date)

### Directions:

**For Private Insurance only:** Please select one of the three options below and if appropriate, complete the Insurance Information.

**For Medicaid only:** Please skip to the bottom of this form and complete the Medicaid Information.

**For both Private Insurance and Medicaid:** Please complete all portions of this form. **Important Note:** Medicaid is required to seek reimbursement from your private insurance company for any claims paid by Medicaid. Because of this, we are unable to bill Medicaid without also having permission to bill your insurance company.

### Options:

- 1) \_\_\_\_\_ The Infant Toddler Program **may share** information relevant to insurance payment with, and bill my insurance company for, the early intervention services covered by my insurance policy(s).
- 2) \_\_\_\_\_ The Infant Toddler Program **may share** information relevant to insurance payment with, and bill my insurance company for, the early intervention services covered by my insurance policy(s). However, I wish to have my deductible and co-payment(s) that result from billing for early intervention services paid by the Infant Toddler Program.  
My deductible is \$ \_\_\_\_\_  
My co-payment is \$ \_\_\_\_\_
- 3) \_\_\_\_\_ The Infant Toddler Program **may not share** information with, or bill my insurance company for, the early intervention services received by my child.

### Insurance Information:

#### 1) Primary Insurance

\_\_\_\_\_  
Name of Policy Holder                      Group/Policy Number                      ID Number

\_\_\_\_\_  
Name of Insurance Company                      Phone of Insurance Co.

\_\_\_\_\_  
Address of Insurance Co. (Mailing address, City, State and Zip code)

#### 2) Secondary Insurance

\_\_\_\_\_  
Name of Policy Holder                      Group/Policy Number                      ID Number

\_\_\_\_\_  
Name of Insurance Company                      Phone of Insurance Co.

\_\_\_\_\_  
Address of Insurance Co. (Mailing address, City, State and Zip code)

I give consent to the Infant Toddler Program to disclose information relevant to insurance payment in order to pursue reimbursement by my insurance or CHAMPUS. Documents to be disclosed for up to 12 months from date of signature may include: diagnostic information, evaluation reports, medical social history, Individualized Family Service Plan, and continuing service reports.

\_\_\_\_\_  
Signature of Parent/Responsible Party                      Date

### Medicaid Information:

\_\_\_\_\_  
Medicaid Number                      Healthy Connections? Yes \_\_\_\_\_ No \_\_\_\_\_

\_\_\_\_\_  
Name of Healthy Connections Physician